	· MULTI	PLE DE	DENT C		To To	ERIAL N	10					
	MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET									FILING DATE		
	(FOR USE WITH FORM PTO-875)							1/1	11/1000			
			_		CLAIMS	PPLICA		-14/	05	20	484	
1	AS FILED	AFTEI I"AMENDM	-	FTER	TT		465		AF	ΓER	, AE	TER
	IND. DEF			MENDMENT	⊸ l			ILED	I"AMENDMENT		AFTER 2 MAMENDMENT	
1		ind. D	EP. IND	. DEP.	+	£1	IND.	DEP.	IND.	DEP.	IND.	DEP
3	1				<u> </u>	51 52						
4	 	- -				53						
5		1				54 55						
6	1,					56						
8						57						
9		1		 		58 59						
10 11	17,					50						
12						1						
13					6	2						
14					6							
16					6							
17			1		6.							
18 19					68							
20					69							
21	1'				70							
22 23			1		72							
24			1	 	73 74							
25					75	+						
26 27			1		76							\dashv
28					77 78							\Box
30					79						_	-
31			 -		80		-					
32					82	1—						
33					83							-1
35	1				84 85	1						
36					86	1-						\dashv
37					87							
39					88	 				-		_
40					90					-		\dashv
42					91 92							1
43					93			-				
44	- -	-		_] .	94							
46					95 96			-				4
47					97			1-	1-			-
48					98]
50					99 100		-	-	+	1-	+	-
TOTAL DOD.	4	#	1		TOTAL IND.		1		1	1	1	
TOTAL DEF	+	- +	-		TOTAL DEP							
TOTAL CLADES					TOTAL CLABAS			-			TREE	
PTO- 1949 (REV. 114	H)		1693		CLABAS		U.S. DEPA	RTMENT of	COMPLETE			4
							Fatcal and	Tradomark O	Clice			j

Best Available Copy